



*Spread Your Wings!*

# U3A Central Coast (NSW) Inc

www.centralcoast.u3anet.org.au

## Application for Membership

The Secretary  
U3A Central Coast (NSW) Inc  
PO Box 1239  
Gosford NSW 2250

**PLEASE PRINT CLEARLY**

Mr Mrs Ms Miss Dr .....  
(Preferred First Name) (Surname)

Address:.....

Postal (if different): .....

Preferred Tel.No:..... Other: .....

Email.....

I hereby apply to become a member of U3A Central Coast (NSW) Inc. and agree to abide by the Constitution of the Association (copy available on request from the Secretary or on website).

Membership will not be granted until the completed application form and payment have been received.

Annual membership - **\$50.00** (membership runs from 1<sup>st</sup> December to 30<sup>th</sup> November)

I have paid by EFT  or enclosed a cheque  or money order

**EFT is the preferred method of payment**

**EFT payment details:** Bank Name: Community First Credit Union  
BSB: **512-170**  
Account No: **001147636**  
Account Name: U3A Central Coast (NSW) Inc

Please include as much of your last name and first name as possible in the reference.  
**Cheques/Money Orders** to be made payable to "U3A Central Coast (NSW) Inc"

Signature: ..... Date:.....

### Profile (Optional)

Past occupation/ skills .....

Would you consider being a course leader? Yes No (Circle)

If yes, what subject would you consider presenting?  
.....

Where did you hear about U3A Central Coast? .....